

2004 California Children's Services (CCS) Status Report

The CCS Status Report provides an annual update on the number of HFP children who received services through the county CCS programs and the dollars spent for the services. This report covers the 2003/04 benefit year (July 1, 2003-June 30, 2004).

Key findings from the data collected include:

- 9,205 HFP subscribers were referred by plans to the CCS program which is 626 more referrals than the prior year. This figure represents 1.4% of plan enrollment, which is approximately the same as the prior year.
- There was a 17% increase in the number of HFP/CCS active cases in 2003/04 in comparison to the 2002/03 benefit year.
- CCS county programs identified more than 19,000 active HFP CCS cases which represents 3% of HFP subscribers. This is approximately the same as the prior year.
- In the 2003/04 fiscal year, the HFP/CCS average cost per active case was \$3,765 compared to \$3,200 cost per active case in 2002/03.
- The 2003/04 expenditures for HFP/CCS services as reported by the Department of Health Services (DHS) were \$73.4 million, an increase of over \$20 million, or 38% more than the 2002/03 expenditures.
- There were significant expenditure increases for the provision of treatment for the HFP/CCS high cost medical conditions. Examples of this increase in expenditures include a 37% increase to treat malignancies, a 53% increase to treat cardiac conditions, and a 114% increase to treat coagulation disorders.
- Treatment of coagulation disorders has replaced cardiac disorders as the second highest expenditure for 2003/04.
- Malignancies continue to account for the highest percentage of HFP/CCS expenditures by eligible conditions for 2003/04.

Background

Children enrolled in the HFP receive comprehensive health, dental and vision services through licensed plans that participate in the program. In addition, HFP children with certain physical limitations such as muscular dystrophy, chronic health conditions such as diabetes, medically handicapping malocclusion, and eye conditions such as cataract, receive services through the CCS Program. The CCS Program is a statewide program that arranges, directs, and pays for medical services, equipment, and rehabilitation services provided by CCS-approved specialists.

When a HFP participating plan suspects that a child has a CCS eligible condition, the plan is required to refer the child to the appropriate county CCS program. When the child is determined to be eligible for CCS services, the plan continues to be responsible for providing the child with those necessary HFP services that are not covered by CCS.

To ensure coordination of care for HFP subscribers who are eligible for the CCS services, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of Understanding (MOU) for use by HFP participating plans and county CCS programs. Plans participating in the HFP are required to submit an MOU that has been signed by a plan official and a county program official. MOUs are required in each county in which the plan serves HFP members.

Overview of CCS Program

Who qualifies for CCS services?

- Any HFP enrollee who has a medical condition covered by CCS; and
- Other California children who meet the medical, residential and financial eligibility requirements of CCS.

CCS eligible medical conditions include the following:

- Conditions involving the heart (*congenital heart diseases, rheumatic heart disease*)
- Neoplasms (*cancer, tumors*)
- Disorders of the blood/coagulation disorders (*hemophilia A (Factor VIII deficiency), hemophilia B (Factor IX deficiency), sickle cell anemia*)
- Disorders of the respiratory systems (*cystic fibrosis, chronic lung disease*)
- Disorders of the genito-urinary systems (*serious kidney problems*)
- Endocrine, nutritional, and metabolic disorders (*thyroid problems, PKU, diabetes*)
- Disorders of the gastrointestinal system (*chronic inflammatory disease, diseases of the liver such as biliary atresia*)
- Serious birth defects (*cleft lip/palate, spina bifida*)
- Disorders of the sense organs (*hearing loss, glaucoma and cataract*)
- Disorders of the nervous system (*cerebral palsy, uncontrolled seizures*)
- Disorders of the musculoskeletal system and connective tissues (*rheumatoid arthritis, muscular dystrophy*)
- Severe disorder of the immune system (*HIV infection*)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (*severe head, brain, or spinal cord injuries, severe burns*)
- Complications of premature birth requiring an intensive level of care
- Disorders of the skin and subcutaneous tissue (*severe hemangioma*)
- Medically handicapping malocclusion (*severely crooked teeth*)

What services are available?

CCS provides the following services to children who are eligible for the program:

- Treatment of a child's CCS condition, including:
 - Physician services;
 - Emergency services;
 - Hospital services;
 - Home health care;
 - High-risk infant follow-up; and
 - Other medical services when determined by the CCS program as medically necessary.
- Medical case management, including :
 - Providing assistance to obtain specialty care when medically necessary;
 - Referral to other agencies including public health nursing and regional centers; and

- Obtaining diagnostic services such as laboratory tests and x-rays.
- Special care center services for CCS children who have special medical conditions that require care from many specialists working together;
- Medical therapy program which provides physical therapy and/or occupational therapy in public school;
- Orthopedic appliances and medical equipment; and
- Other therapy services to help parents and children such as:
 - Counseling to help with stress and worry;
 - Transportation to assist with medical needs; and
 - Appropriate lodging and meals.

Payment of Services

Sixty-five percent federal, 17.5% state, and 17.5% county funds are used to pay for CCS services provided to children enrolled in the HFP. For HFP subscribers whose family income is determined to be over the \$40,000 CCS financial eligibility requirement, the county's financial responsibility for payment of services is waived. For these children, only state and federal funds are used to pay for CCS services.

Referrals by Plans

Table 1 provides the following information about CCS referrals by plan for the 2003/04 and 2002/03 benefit years:

- In the 2003/04 benefit year, HFP participating plans referred 9,205 HFP children to the CCS program.
- Of the 9,205 referrals that were made, more than 86% came from health plans, over 13% came from dental plans and less than 0.1% came from the vision plan.
- Referrals as a percentage of plan enrollments for 2003/04 were approximately the same as the prior benefit year (1.38% in 2003/04 compared to 1.29% in 2002/03).
- Four health plans and one dental plan showed notable increases in referrals for the 2003/04 benefit year. These plans were:
 - Santa Clara Family Health Plan;
 - Community Health Group;
 - Kern Family Health Care;
 - Health Plan of San Joaquin; and
 - Universal Care Dental
 - The health plans attribute their increase in referrals to a number of factors such as:
 - Use of trained staff to identify and refer children who are potentially eligible for CCS services;
 - Improved identification of these children;
 - Good working relationships between the plans and county CCS programs; and
 - Increased plan efforts in educating providers regarding the CCS program.
 - Universal Care Dental showed a 127% increase in referrals. The plan attributes this increase to the:
 - Plan's diligence in identifying and referring HFP children to CCS; and
 - Trained staff that identify and refer the children to the appropriate CCS county programs.

Table 1
CCS Referrals by Participating HFP Plans

Plan Name	Total # of HFP Enrollees as of 6/30/03	Total # of CCS Referrals as of 6/30/03	Referrals as % of Plan Enrollment as of 6/30/2003	Total # of HFP Enrollees as of 6/30/04	Total # of CCS Referrals as of 6/30/04	Referrals as % of Plan Enrollment as of 6/30/04
Health Plans						
Alameda Alliance for Health	19,301	32	0.34%	8,756	67	0.77%
Blue Cross (HMO and EPO)	258,973	2,018	0.78%	258,812	1,942	0.75%
Blue Shield (HMO and EPO)	38,115	361	0.95%	37,960	325	0.86%
Cal OPTIMA Kids	32,814	529	1.61%	28,899	495	1.71%
Care 1st Health Plan	6,217	10	0.16%	6,034	39	0.65%
Central Coast Alliance for Health	1,674	17	1.02%	1,634	17	1.04%
Community Health Group	19,520	315	1.61%	19,191	602	3.14%
Community Health Plan	27,732	262	0.94%	26,232	367	1.40%
Contra Costa Health Plan	2,876	12	0.42%	2,904	33	1.14%
Health Net (HMO and EPO)	95,385	1,753	1.84%	90,585	1,967	2.17%
Health Plan of San Joaquin	8,111	57	0.70%	8,082	121	1.50%
Health Plan of San Mateo	2,129	6	0.28%	2,298	20	0.87%
Inland Empire Health Plan	29,116	400	1.37%	30,064	464	1.54%
Kaiser Permanente	57,684	209	0.36%	67,241	116	0.17%
Kern Family Health Care	7,290	230	3.16%	7,627	325	4.26%
L.A. Care Health Plan*	7,833	127	1.62			
Molina Healthcare of California	13,907	155	1.11%	14,379	128	0.89%
San Francisco Health Plan	5,779	38	0.66%	5,653	41	0.72%
Santa Barbara Regional Health Authority	1,819	34	1.87%	1,747	22	1.26%
Santa Clara Family Health Plan	12,210	235	1.92%	11,900	320	2.69%
Sharp Health Plan	19,996	185	0.93%	19,257	265	1.38%
UHP Healthcare	2,239	65	2.90%	2,001	53	2.65%
Universal Care	10,692	186	1.74%	10,766	174	1.62%
Ventura County Health Care Plan	3,379	91	2.69%	2,962	91	3.07%
Total for Health Plans	666,984	7,332	1.10%	664,984	7,994	1.20%
Dental Plans						
Access Dental	107,995	411	0.38%	112,976	387	0.34%
Delta Dental	381,470	448	0.12%	360,932	265	0.07%
Health Net/Safeguard Dental	119,544	156	0.13%	129,535	92	0.07%
Premier Access	19,145	34	0.18%	18,151	24	0.13%
Universal Care Dental	38,830	194	0.50%	43,390	441	1.02%
Total for Dental Plans	666,984	1,243	0.19%	664,984	1,209	0.18%
Vision Plan						
Vision Service Plan	666,984	4	<0.01%	664,986	2	<0.01%
Total for Vision Plan	666,984	4	<0.01%	664,984	2	<0.01%

DATA SOURCES: CCS quarterly referral reports submitted to MRMIIB by participating HFP plans and HFP monthly enrollment reports

Referrals include only those children who were referred to CCS from a HFP participating plan. Referrals of HFP children to CCS may come from other sources, such as schools and families and are not reflected in the table.

*Enrollment data is as of 4/5/03 which is prior to the HFP open enrollment. The plan discontinued its participation in the HFP on 7/1/03.

Active HFP CCS Cases by County

Table 2 provides the following information regarding the HFP/CCS active cases as reported by the counties for the 2003/04 Benefit Year:

- There was a 17% increase in the number of active cases. However, the active cases as a percentage of the total HFP enrollment are essentially the same as the prior benefit year.
- Five counties had the highest number of active HFP/CCS cases for the 2003/04 benefit year as well as the prior year.
- These counties and the number of cases are:
 - Los Angeles (5,604);
 - Orange (2,185);
 - San Diego (1,578);
 - Riverside (1,323); and
 - San Bernardino (1,054)
- The number of active cases in these five counties represented over 60% of the total HFP/CCS active cases.
- The five counties also have over 61% of HFP enrollments.

Table 2
Active HFP CCS Cases by County

County	# of Enrollees as of 6/30/04	% of Enrollees as of 6/30/04	# of HFP/ CCS Active Cases	Active Cases as % of County Enrollees
Alameda	5,789	2.40%	383	2.43%
Amador	308	0.05%	12	3.90%
Alpine	6	0.00%	0	0.00%
Butte	3,024	0.45%	83	2.74%
Calaveras	513	0.10%	19	3.70%
Colusa	1,197	0.20%	42	3.50%
Contra Costa	8,474	1.30%	221	2.60%
Del Norte	424	0.10%	10	2.36%
El Dorado	2,141	0.32%	63	2.94%
Fresno	17,924	2.75%	721	4.02%
Glenn	1,025	0.15%	26	2.54%
Humboldt	2,202	0.33%	89	4.04%
Imperial	3,878	0.60%	93	2.40%
Inyo	250	0.04%	6	2.40%
Kern	16,473	2.50%	466	2.82%
Kings	2,931	0.44%	58	2.00%
Lake	1,468	0.22%	37	2.52%
Lassen	279	0.04%	5	1.80%
Los Angeles	190,212	28.60%	5,604	2.95%
Madera	2,966	0.45%	102	3.44%
Marin	2,064	0.31%	40	1.93%
Mariposa	232	0.03%	4	1.72%
Mendocino	1,805	0.30%	60	3.32%
Merced	6,031	0.90%	242	4.01%
Modoc	122	0.02%	7	5.74%
Mono	328	0.05%	24	7.32%
Monterey	12,819	1.93%	316	2.50%
Napa	1,724	0.26%	32	1.86%
Nevada	1,831	0.27%	62	3.39%
Orange	63,861	9.60%	2,185	3.42%
Placer	2,681	0.40%	75	2.80%
Plumas	260	0.04%	4	1.54%
Riverside	47,703	7.20%	1,323	2.77%
Sacramento	17,431	2.62%	248	1.42%
San Benito	1,354	0.20%	39	2.88%
San Bernardino	48,425	7.30%	1,054	2.18%
San Diego	56,706	8.52%	1,578	2.78%
San Francisco	10,575	1.60%	269	2.54%
San Joaquin	14,432	2.20%	606	4.20%
San Luis Obispo	3,824	0.60%	151	3.95%
San Mateo	7,074	1.10%	144	2.04%
Santa Barbara	7,706	1.20%	201	2.61%
Santa Clara	21,182	3.20%	548	2.59%
Santa Cruz	4,237	0.64%	165	3.89%
Shasta	3,615	0.54%	95	2.63%
Sierra	35	<0.01%	2	5.71%
Siskiyou	579	0.09%	28	4.84%
Solano	4031	0.60%	52	1.29%
Sonoma	7,071	1.10%	288	4.07%
Stanislaus	9,162	1.40%	297	3.24%
Sutter	2,560	0.40%	153	5.98%
Tehama	1,102	0.20%	39	3.54%
Trinity	252	0.04%	12	4.76%
Tulare	10,481	1.60%	331	3.16%
Tuolumne	868	0.13%	29	3.34%
Ventura	15,216	2.30%	629	4.13%
Yolo	2,614	0.40%	60	2.30%
Yuba	1,491	0.22%	68	4.56%
Total	664,986	100%	19,500	2.93%

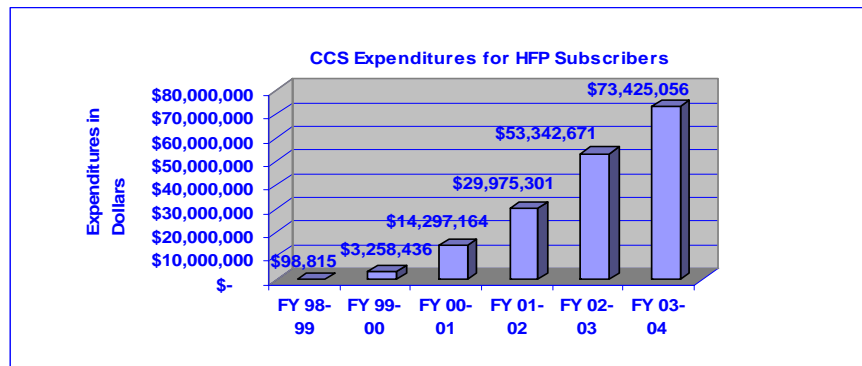
Data Sources: DHS CMS Branch, CCS paid claims and HFP enrollments data

Expenditures for CCS Services

Chart 1 provides the following information regarding expenditures for CCS services:

- Annual expenditures for CCS related services have increased steadily since the HFP's inception.
- Total dollars spent since the program's inception is over \$174 million.
- For the 2003/04 fiscal year, 73.4 million was spent on CCS services.
 - This represents a 38% increase in expenditures when compared to the prior fiscal year.
 - This may be attributed to the significant expenditure increases for provision of treatment for the HFP/CCS high cost medical conditions.
 - This may also be attributed to the increase in the average cost per active case.
- In the 2003/04 fiscal year, the HFP/CCS average cost per active case was \$3,765 compared to \$3,200 cost per active case in 2002/03.
 - This change represents an 18% increase in average cost per active case.

Chart 1



Expenditures by Claims Type

Table 3 shows the breakdown of HFP/CCS expenditures paid by claim type for 2003/04 benefit year. The breakdown is essentially the same as the prior year.

Claims by Claims Type for Benefit year 2003/04

Claim Type	Total Dollars Paid	Dollars as % of Claims Paid
Pharmacy	\$6,017,362	8.34%
Inpatient	\$41,364,685	57.32%
Outpatient ¹	\$5,931,716	8.22%
Medical/Physician ²	\$18,820,250	26.08%
Vision	\$27,970	.04%
Total	\$72,161,983	100%

Data Source: Department of Health Services CMS Branch, CCS paid claims

¹Includes durable medical equipment (DME), medical supplies, and hospital outpatient services.

²Includes payments for orthodontic, dental and health physician services, and blood factor products provided to CCS/HFP children

Expenditures by County

Table 4 provides the following information regarding county expenditures:

- In benefit year 2003/04 the total payments made to counties for CCS services provided are 35% more than the total payments during the 2002/03 benefit year.
- This again may be attributed to:
 - Increased expenditures for treatment of high cost medical conditions; and
 - Increases in the average cost per active case.
- The counties identified as having the highest expenditures as a percentage of total claims paid are:
 - Los Angeles (31%);
 - Orange (10%);
 - San Diego (9%);
 - San Bernardino (7%); and
 - Riverside (5%).
- These were the same five counties with the highest CCS expenditures in the 2002/03 benefit year.

Table 4
Claims Paid by County

County	7/1/99-6/30/02	7/1/02-6/30/03	7/1/03-6/30/04	Total Claims Paid as of 6/30/04
Alameda	\$1,464,713	\$1,064,068	\$2,937,836	\$5,466,617
Amador	\$163,225	\$50,819	\$75,468	\$289,512
Alpine	\$69	0	0	\$69
Butte	\$667,011	\$346,162	\$182,606	\$1,195,778
Calaveras	\$97,898	\$16,085	\$52,067	\$166,050
Colusa	\$158,127	\$95,594	\$105,792	\$359,513
Contra Costa	\$601,709	\$519,739	\$476,648	\$1,598,096
Del Norte	\$40,038	\$151,996	\$103,998	\$296,032
El Dorado	\$1,361,939	\$929,313	\$1,340,204	\$3,631,456
Fresno	\$1,369,497	\$1,342,046	\$1,764,734	\$4,476,277
Glenn	\$115,200	\$86,924	\$89,051	\$291,175
Humboldt	\$355,811	\$459,803	\$291,789	\$1,107,403
Imperial	\$458,105	\$338,793	\$526,201	\$1,323,099
Inyo	\$12,612	\$3,477	\$8,972	\$25,061
Kern	\$61,480	\$805,167	\$932,554	\$1,799,201
Kings	\$327,394	\$609,952	\$555,014	\$1,492,360
Lake	\$60,686	\$108,275	\$39,446	\$208,407
Lassen	\$6,995	\$6,829	\$6,210	\$20,034
Los Angeles	\$10,109,464	\$13,094,938	\$22,664,833	\$45,869,235
Madera	\$597,050	\$401,785	\$211,419	\$1,210,254
Marin	\$214,365	\$102,948	\$136,747	\$454,060
Mariposa	\$232,638	\$101,870	\$19,811	\$354,319
Mendocino	\$200,141	\$82,258	\$74,388	\$356,787
Merced	\$864,964	\$551,874	\$556,903	\$1,973,741
Modoc	\$8,492	\$6,333	\$6,033	\$20,858
Mono	\$58,921	\$32,795	\$500,378	\$592,094
Monterey	\$1,948,972	\$1,712,245	\$1,228,299	\$4,889,516
Napa	\$40,356	\$118,741	\$97,127	\$256,224
Nevada	\$315,513	\$385,883	\$272,314	\$973,710
Orange	\$1,307,362	\$5,718,762	\$6,892,886	\$13,919,010
Placer	\$380,045	\$209,916	\$191,354	\$781,316
Plumas	\$44,360	\$5,437	\$5,427	\$49,787
Riverside	\$4,097,944	\$3,365,204	\$3,755,115	\$7,853,059
Sacramento	\$473,344	\$739,902	\$1,146,485	\$2,359,731
San Benito	\$190,898	\$91,053	\$137,881	\$419,832
San Bernardino	\$3,183,418	\$3,234,908	\$4,897,921	\$11,316,247
San Diego	\$5,781,689	\$5,674,118	\$6,171,465	\$17,627,272
San Francisco	\$709,802	\$611,529	\$881,601	\$2,202,932
San Joaquin	\$791,007	\$859,008	\$845,721	\$2,495,736
San Luis Obispo	\$511,647	\$241,517	\$215,371	\$968,535
San Mateo	\$0	\$24,800	\$110,109	\$134,909
Santa Barbara	\$921,776	\$775,536	\$431,218	\$2,128,530
Santa Clara	\$2,184,081	\$1,705,903	\$1,591,852	\$5,481,836
Santa Cruz	\$389,400	\$223,945	\$341,560	\$954,905
Shasta	\$317,389	\$377,850	\$198,017	\$893,256
Sierra	\$1,363	\$437	\$223	\$2,023
Siskiyou	\$22,978	\$48,645	\$156,972	\$228,595
Solano	\$12,382	\$137,096	\$138,241	\$287,719
Sonoma	\$90,127	\$840,089	\$821,417	\$1,751,633
Stanislaus	\$1,163,653	\$1,016,133	\$886,199	\$2,049,852
Sutter	\$300,002	\$249,937	\$393,486	\$943,424
Tehama	\$159,815	\$67,708	\$44,781	\$272,304
Trinity	\$30,832	\$30,999	\$20,446	\$82,277
Tulare	\$626,799	\$578,476	\$1,124,952	\$2,330,227
Tuolumne	\$318,352	\$139,835	\$298,682	\$756,869
Ventura	\$1,294,044	\$1,191,416	\$1,190,679	\$3,676,138
Yolo	\$202,532	\$121,324	\$51,253	\$375,109
Yuba	\$294,708	\$487,189	\$284,816	\$1,066,713
State only*	\$230,090	\$1,121,966	\$3,671,603	\$5,023,659
Counties Unknown	\$60,431	\$15,946	\$7,407	\$83,784
-Totals	\$48,005,665	\$53,433,295	\$72,161,983	\$173,600,933

Data Source: Department of Health Services CMS Branch, CCS paid claims

Note: The difference in total CCS expenditures data reported by DHS Accounting (\$73,425,056) shown in Chart 1 and the total CCS expenditures data reported by the State CCS Program (\$72,161,983) shown in Table 3 and Table 4 is due to variances in the calculation of expenditures between the two data sources. These variances include: 1) difference in the start and cut-off dates when data were collected; 2) CCS data does not include hand files; and 3) CCS data does not include account receivables or any adjustments made by EDS, the DHS Administrative Vendor.

** Refers to HFP expenditures for subscribers whose family income exceeds the \$40,000 CCS financial eligibility requirement and where the county's responsibility for payment of CCS services is waived.*

HFP CCS Expenditures by Eligible Conditions

Table 5 provides the following information about HFP/CCS expenditures by major diagnostic categories during the 2003/04 benefit year:

Diagnostic Category:

Malignancies

- Consistent with previous years, this category still accounts for the highest expenditure (12%) among HFP members.
- Expenditures for this category increased by 37% in comparison to 2002/03.

Coagulation disorders³

- This category showed the most marked increase (114%) in expenditures.
- Expenditures since 1999 have more than doubled (58%).
- Expenditures for this category account for over 11% of the total expenditures.
- Treatment for coagulation disorders is very expensive, due to several factors.⁴
- This category replaced diseases of the heart as the second highest percentage (11.5%) of expenditures.

Diseases of the heart:

- This category accounts for the third highest expenditure among major diagnostic categories.

Of note is that since the inception of the HFP, malignancies, diseases of the heart, and coagulation disorders have accounted for the three highest expenditures among HFP members (60% of total expenditures).

Other conditions:

- This category includes CCS eligible conditions not listed in Table 5.
- Examples of these conditions include:
 - Congenital anomalies;
 - Infections that are eligible under certain conditions;
 - Neurological disorders; and
 - Conditions resulting from or a an exacerbation of a CCS eligible conditions such as:
 - Ear infection in a child with cleft palate
 - Pneumonia in a child with bronchopulmonary dysplasia (bpd)
 - Chronic lung disease in children.

In addition, since the program's inception, the amount spent for "other conditions" has been \$75,105,678, which is 39% of the total expenditures.

³ Coagulation disorders cause disruption of the body's ability to control blood clotting. The most commonly known coagulation disorders include Hemophilia A (Factor VIII deficiency), Hemophilia B (Factor IX deficiency) and thrombocytopenia.

⁴ Treatment may involve the use of drugs that stimulate the release of deficient clotting factors, and/or replacement of a clotting factor that is missing through infusion of human blood in the form of fresh frozen plasma or cryoprecipitate.

Table 5

HFP CCS Expenditures by Eligible Conditions

Medical Conditions	FY 1999/02	FY 2002/03	FY 2003/04	% change (+/-) between FY 2002/03 and 2003/04	Total Expenditures Since Program Inception
Malignancies	\$6,293,806	\$6,542,544	\$8,949,053	36.78%	\$21,785,403
Thyroid disorders	\$51,419	\$102,239	\$143,135	40.00%	\$296,793
Diabetes	\$701,070	\$980,416	\$1,196,978	22.09%	\$2,878,464
Immune disorders	\$20,182	\$156,000	\$134,329	-13.89%	\$310,511
Pituitary disorders	\$32,287	\$386,600	\$920,000	137.97%	\$1,338,887
Metabolic disorders	\$395,265	\$1,228,093	\$853,900	-30.47%	\$2,477,258
Cystic fibrosis	\$280,620	\$648,291	\$372,365	-42.56%	\$1,301,276
Hemoglobinopathies	\$211,366	\$56,787	\$250,000	340.24%	\$518,153
Coagulation disorders	\$3,499,735	\$3,875,417	\$8,279,360	113.64%	\$15,654,512
Cerebral palsy	\$368,464	\$401,316	\$363,391	-9.45%	\$1,133,171
Myopathies	\$204,921	\$81,397	\$101,600	24.82%	\$387,918
Ophthalmology	\$3,037,626	\$600,000	\$649,274	8.21%	\$4,286,900
ENT (Ear, Nose, Throat)	\$717,386	\$847,000	\$988,000	16.65%	\$2,552,386
Cardiac	\$4,584,561	\$5,109,398	\$7,839,000	53.42%	\$17,532,959
Asthma	\$196,479	\$157,185	\$129,000	-17.93%	\$482,664
Dental	\$917,905	\$1,378,706	\$2,007,000	45.57%	\$4,303,611
Intestinal	\$250,408	\$900,365	\$1,326,000	47.27%	\$2,476,773
Renal	\$1,071,371	\$928,000	\$728,000	-127.47%	\$2,727,371
Joint disorders (acute and chronic)	\$435,001	\$211,800	\$660,000	211.61%	\$1,306,801
Spina bifida	\$169,375	\$234,000	\$194,000	-17.09%	\$597,375
Cleft palate/lip	\$359,510	\$566,000	\$539,000	-4.77%	\$1,464,510
Head injury	\$1,176,170	\$1,684,000	\$1,273,000	-24.41%	\$4,133,170
Other fractures	\$1,852,359	\$2,252,000	\$1,119,000	-50.31%	\$5,223,359
Other trauma	\$3,042,651	\$3,463,000	\$3,861,000	11.49%	\$10,366,651
Other conditions	\$17,884,077	\$20,642,740	\$29,285,598	41.87%	\$67,812,415
Total expenditures	47,754,014	\$53,433,295	\$72,161,983	-----	\$173,349,291

Data Source: DHS CMS Branch, CCS paid claims

Note: The discrepancies in the expenditures data between claims paid by the county (Table 4) and expenditures by eligible conditions (Table 5) reflect DHS CMS Branch accounting practices.

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